

LA-Y.E.S. Post-Katrina Report

Period Covered: August 29, 2005-Present

1. Goals of the Project

On August 29, 2005, a series of events began that led to the most catastrophic disaster in United States history. Hurricanes Katrina and Rita significantly altered the lives of most Louisiana residents as the storms ravaged the area, tidal surges breached levees, winds and rains destroyed homes and over 1.5 million people were displaced. Families, businesses, and communities were decimated. While the total impact on the region is still unknown, there is no doubt that life in some parts of Louisiana will never be the same. Although the media brought the big story into the homes of Americans throughout the country, the pictures and written accounts of the trauma and stress experienced by their fellow citizens does not begin to reveal the actual devastation wrought upon this area. Katrina was particularly unkind to the LA-Y.E.S. target populations of Orleans, St. Bernard, Plaquemines, St. Tammany and Jefferson parishes.

As devastating as the storms were, individuals, communities and businesses must begin to rebuild and restructure. The evacuation and subsequent repopulation of less affected areas has resulted in a reduced workforce and a shift in client base, which imposes numerous changes and challenges. Likewise, LA-Y.E.S. has embarked upon rebuilding and restructuring the program to meet the needs of our clients, both existing and new, wherever they may be. The following outlines the direction we propose to take. Items in bold are specific requests for assistance from SAMHSA.

Goal 1: Cultural Competence in Practices

- Even more effort will have to be made to attain this goal, as family dynamics of youths will change with increased household and extended family members. An influx of families of Hispanic origin is predicted in the target areas. LA-Y.E.S. is presently refining its cultural competence plan with the assistance of Dr. Jorge Daruna, a Tulane University consultant. The plan developed by Dr. Ron Mancoske will be the starting point.
- The Cultural Competence Committee will be reconvened with members from the CMOs, the Federation of Families and community agency representatives. The first meeting will be planned after the December Consortium meeting.

Goal 2: Involving the Community in all levels

- Due to the inaccessibility of its permanent office at New Orleans Adolescent Hospital, LA-Y.E.S. reached out to its community partners for temporary locations. The LA Federation of Families and Family Services of Greater New Orleans graciously allowed staff to share space and equipment. Currently, LA-Y.E.S. has two

temporary locations, one in Baton Rouge, where many evacuees are located and one on the west bank of Jefferson Parish in Gretna, which was one of the first areas to be repopulated. LA-Y.E.S. continues to be community –based and accessible. Working with the Federation on a daily basis has made the working relationship even stronger. The Federation will play an integral part in insuring family and community involvement in the restructuring of the program.

- The Consortium and the committees must be reorganized. The Federation of Families is working alongside LA-Y.E.S. with identifying and contacting pre-Katrina active and inactive members. Post-Katrina, new collaborations are being formed and efforts will be made to bring these organizations into the fold. We anticipate convening the first Consortium meeting post-Katrina during the month of December.
- The Service Delivery committee last met in August, prior to Hurricane Katrina. The committee will reconvene with members from organizations and parishes that are or will receive services from LA-Y.E.S. Important decisions must be made about how to provide services to existing and new clients in the wake of the disaster. The committee will decide what services are needed (EBP's) and how those services will be implemented.
- The Plaquemines Parish community, spearheaded by the District Attorney's office and the Office of Community Services (child welfare) has again taken the lead in redeveloping both the parish consortium and its proposals (to LA-Y.E.S.). It is a collaboration of agencies from the Plaquemines District Attorney's office, Office of Community Services, Families In Need of Services office, and Juvenile Justice. This group of individuals, along with representatives from the ASO, met monthly prior to Hurricane Katrina. The group has resumed its meetings and the parish is even more determined to establish community care centers in the parish and to integrate LA-Y.E.S. in its plans.
- St. Bernard Parish received the most complete damage of the target areas. Due to the devastation caused by Hurricane Katrina, LA-Y.E.S. has no real choice but to delay entry into this community until basic infrastructure is rebuilt. LA-Y.E.S. does however plan to provide services to displaced clients located in the southeast Louisiana region.
- In Orleans Parish, juvenile justice, mental health, school system personnel and child welfare agencies, in addition to family members have been closely collaborating with the ASO in the ongoing implementation of the LA-Y.E.S. program within Orleans prior to Hurricane Katrina. This collaboration will resume with members from the above named agencies, with special concentration on school system personnel. New Orleans public schools located on the westbank of the parish will reopen in November. However, this amounts to only four schools slated to open its doors to accommodate an expected 2,700 students. Moreover, the school system has its own challenges including receivership and a proposed state takeover. The priority will be to engage the school system with a needs assessment of their students' current

psychological issues. The Associate Clinical Director and Project Director will work closely to address the needs of the school system.

- **LA-Y.E.S. requests SAMHSA's assistance with re-engaging key stakeholders to reinvigorate and expand the Consortium and the committees using a family-driven approach/perspective.**
- **LA-Y.E.S. requests SAMHSA's assistance in effective methods of involving the impacted communities in service delivery.**

Goal 3: Increased Access

- Prior to Hurricane Katrina, increased access referred to the clients who received services they were not inclined to seek before LA-Y.E.S. implemented its clinical program. These clients collectively represented special populations within the target areas.
- LA-Y.E.S. would like to focus on three areas and populations as it regroups: west bank Orleans/Plaquemines, westbank Jefferson, and displaced Orleans, Plaquemines, and St. Bernard clients located in southeast Louisiana.
- LA-Y.E.S. will continue to use its service delivery system that provides an intake mechanism for clients. LA-Y.E.S. hopes to commence admitting new clients in December, 2005. Existing clients of LA-Y.E.S. are still being located.
- The ASO has engaged Jefferson Parish to discuss program development. While this parish sustained some damage from Hurricane Katrina, its infrastructure and housing stock did not sustain nearly the amount of devastation seen in Orleans, Plaquemines or St. Bernard Parishes.
- The program will admit six new clients by mid-December and will admit four clients per week by February 2006. LA-Y.E.S. is considering the feasibility of admitting 175 clients for Grant Year 3. The proportions would be west bank Orleans Parish and Plaquemines Parish admitting 75 collectively, westbank Jefferson Parish admitting 50, and displaced Orleans, Plaquemines, and St. Bernard clients accounting for the remaining 50.

National Evaluation

- All clients who were in services prior to Katrina are being sought (by both the ASO and the CMOs). Those clients who can be found who participated in the National Evaluation will be contacted by the Evaluation Team for follow up. Those enrolled in the National Evaluation that has been relocated will be encouraged to participate in the follow up interviews as required by the National Evaluation. The Evaluation Team is prepared to conduct the 6-month follow up interviews anywhere the families are located in Louisiana or nearby states (Texas, Mississippi, Alabama, or Georgia).

- The Evaluation Team (Nugyen) in conjunction with the Clinical Team (Ripoll) will review all lists of located clients with the National Evaluation list and alert the Evaluation Team of located clients to prepare for follow up interviews.

Local Evaluation

- Data for the local evaluation on all clients entering the system will be renewed with the start of new clients in December.

Data Collection and Quality Assurance/Utilization Review

- Data on all clients is collected by the care managers for local evaluation and quality assurance/utilization review. This data is provided the ASO through the electronic system developed by the MIS consultant in cooperation with the Evaluation Team, the ASO Administrative Team, and the Clinical Team. This data collected in the December period will be reported in monthly reports by the Evaluation Team, starting in January 2006. The reporting format was developed collaboratively prior to Katrina and will be re-instituted in January.
- **LA-Y.E.S. requests assistance developing reasonable estimates for client capacity in the immediate future as well as for Grant Year 3.**
- **Due to the evacuated populations of Orleans, St. Bernard and Plaquemines, assistance from SAMHSA is needed to redefine that special population within the targeted areas.**
- **For the same reasons, support is needed to develop a reasonable approach to the National Evaluation expectations (capacity).**

Goal 4: Development of a Comprehensive SOC

Clinical Services/Service Delivery

- LA-Y.E.S. service delivery had grown to a multi-layered, complex, comprehensive system of care prior to Katrina. Listed below are the elements and statuses that create the LA-Y.E.S. system of care.
- Intake process may need restructuring. Therefore, clinical flow chart as developed by the clinical director and IT consultant may also need retooling.
- The Orleans Parish courts have relocated to Gonzales, LA. The CMO's will reestablish presence within the courts to provide assistance and guidance to appropriate LA-Y.E.S. referrals.
- The care review committee will recommence and follow the same guidelines as discussed in the bi-annual report.

- Training and Supervision: LA-Y.E.S. will train the care managers in PTSD to provide trauma based treatment initially to displaced clients. Currently, LA-Y.E.S. has three professionals that provide consultation and training to the care managers for CALOCUS/CASII training, Person Centered Planning, and day to day training and supervision of services. A needs based analysis must be completed by the ASO and care managers for issues and challenges facing LA-Y.E.S. and its client base.
- Individualized Service Plans (ISP): The ASO was working with the CMOs on a weekly basis on the development and convening of the initial ISP in a timely manner. The time between ISP reduced from two months to 3 to 4 weeks prior to Katrina. The issue facing LA-Y.E.S. after an ISP is completed is the availability of providers. Of the 80+ LA-Y.E.S. providers, 10 are currently operating on the westbank of Greater New Orleans or uptown. Contact with these professionals has been initiated by the Associate Clinical Director.
- Psychiatric services that proved a challenge prior to Katrina are no longer an issue with 2/3 of youth evacuated from the city. The child psychiatrists assisting LA-Y.E.S. are very interested in resuming services.
- Records: LA-Y.E.S. records and files were not destroyed in the storm. The CMO's offices are located in multi-storied buildings and the storage areas did not sustain any wind or flood damage. The records were moved to their current temporary locations where they are kept in a locked cabinet.
- Local Evaluation: The ASO will continue to collect data using the local evaluation measures described in the bi-annual report. Dr. Pellerin and the Evaluation Director will train and re-train the CMOs and care managers on the use of the instruments and the electronic recording of the data.
- The clinical director, the associate clinical director, and the evaluation director will continue to be in receipt of monthly QA data forms from the CMOs. This allows for analysis and evaluation of the care managers' accomplishments and barriers to providing SOC services.
- Program Development will be re-established as some services and contracts created prior to Katrina are presently non-existent.
 - Crisis In-Home Services as provided by New Orleans Adolescent Hospital in conjunction with LA-Y.E.S. is temporarily located in Jackson, LA. Upon returning to New Orleans, they will face a fragmented staff due to a lack of housing in or near the Greater New Orleans area. This may suspend the crisis in-home services as they will not have staff to operate the program. LA-Y.E.S. will engage other providers to assist with services until NOAH is functional.
 - Crisis/Transitional Respite Cottage and Respite Care: LA-Y.E.S. (as discussed in the bi-annual report OYD) received funds to proceed with the proposed respite

- cottage. Due to a general lack of available office space, it is a real possibility that the cottage will be assigned to another agency. Is this the appropriate time to begin developing a respite cottage when other issues take precedence? As stated in the bi-annual report, some LA-Y.E.S. clients received respite services in the past despite the lack of availability of the cottage. The ASO will connect with the existing respite agencies in Greater New Orleans to provide planned respite services (on a fee-for-service basis).
- Re-development of in-home ACT services: Catholic Charities has developed an ACT team as discussed in the bi-annual report. This service can resume without delay.
 - Acute Care: LA-Y.E.S.' existing and new clients may enter the system with acute psychiatric and mental health needs. Many of those admitted will be in need of pharmacotherapy. Two child and adolescent psychiatrists are both eager to resume services and with LA-Y.E.S. and CMO's. They will continue to work directly with both CMOs on a weekly basis to interview and treat all youths.
- Provider development: As stated above in the ISP section, availability of providers is an issue with the displacement of many mental health professionals. Currently 10 providers have been identified in areas that sustained the least amount of damage. They are currently located in Uptown and the westbank of the Greater New Orleans area. The Associate Clinical Director is currently contacting the identified providers to resume services with LA-Y.E.S. The Credentialing committee will recommence to assess providers that remain in the Greater New Orleans Area and will need to attract additional providers to offer the client/family culturally competent choices.

Evaluation

LA-YES infrastructure necessary to deliver services in accordance with SoC values and principles is to be in place by November 1, 2005.

National Evaluation

- The Evaluation Team will work with the Administrative Team, Clinical Team, Care Management Organizations, Family Organizations, the MIS Consultant, its Advisory Committee, and others to collect, enter, and report all data required for the National Evaluation by November 1.
- The Evaluation Team will work with the Administrative Team and the Clinical Team to be poised to enroll all families who agree to participate in the National Evaluation, and will work with all families to encourage their participation in the National Evaluation by November 1.
- The Evaluation Team will adhere to the use of all instruments required by the National Evaluation for those participating in the National Evaluation.

Local Evaluation

- The Evaluation Team will work with the Administrative Team, Clinical Team, Care Management Organizations, Family Organizations, the MIS Consultant, its Advisory Committee, and others to collect, enter, and report all data required for the Local Evaluation by November 1.
- The Evaluation Team will work with the Administrative Team and the Clinical Team to be poised to enroll all families who agree to participate in services, and will work with all care managers to encourage and facilitate participation in the Local Evaluation.
- The Evaluation Team will adhere to the collection of all data recommended by the Clinical Team and the Family Representatives decided by November 1. Not all of the instruments used prior to this point will be continued. All service recipients will be asked to complete selected instruments (CBCL; depression scale; anxiety scale) to allow us to compare on key measures problems of youth and families with those participating in the National Evaluation and all those receiving services supported by LA-YES. Additional categorical measures on domestic violence and HIV risk will be asked of all participants in the National Evaluation.
- The Local Evaluation was prepared to implement a comparison study of families with children with serious behavioral or emotional problems receiving services from the public mental health system with those with the LA-YES Program. However, this local evaluation study requested by a local children's mental health foundation is now uncertain. Efforts to put this on hold will be made prior to November 1.

Staffing

- The LA-YES staff is in place to continue planning to set up and manage service delivery to re-start by November 1, 2005. The core staff continuing include:
 - Assistant PI—Dalton
 - Acting Project Director—Woods-Lockett
 - COO —Guerin
 - Associate Clinical Director—Ripoll
 - MIS Consultant—Fok
 - Includes three MIS interns
 - Evaluation Director (Consultant)—Mancoske
 - Includes five interviewers
 - Data Entry—Nguyen
 - Administrative Assistant—Thomas
 - OMH in-kind staff supports:
 - Management Oversight—Washington
 - Human Resources—Shear
 - Quality Assurance—Butler
 - Management Support--Yennie

- New staff identified as a priority in hiring to be brought on by subcontract through Southern University at New Orleans with an anticipated start by January 2, 2006 include:
 - Evaluation Director
 - Quality Assurance/Utilization Review Director
 - Consortium Developer
 - Clinical Administrative Assistant
 - Intake Coordinator
 - Family Interviewer (through the Federation of Families contract)
- Staff members are currently located at the Office of Mental Health facilities in Baton Rouge, LA and are sharing space with the Federation of Families in Baton Rouge also. Staff are poised to continue services back at the original site on the campus of the New Orleans Adolescent Hospital grounds by November 1 and may share space as well with the Family Services Society in Gretna, LA as well.

Quality Assurance/Utilization Review

- The QA/UR plan developed includes a systematic measurement of fidelity to systems of care principles and values as developed by the University of South Florida's Children's Mental Health Research Center. This plan for systematic measurement is in place by November 1, 2005. The plan includes measures from the ISP, the families, the youth, the family support network, the care managers, and from chart reviews.
- The QA/UR plan developed also includes ongoing implementation measures including monthly data reporting (system set up by the MIS consultant for tracking data) and an annual review of the CMOs. The plan also includes an annual survey of families and other consortium members on their perspectives on the SoC's collaboration. This plan remains in place for November 1, 2005.

Data Collection

- The Evaluation Team will review training of interviewers (two trained) for the National Evaluation and be prepared to collect data by November 1, 2005.
- Interviewers are prepared to travel to the areas targeted for resumption of services by November 1 (Orleans, Jefferson, and Plaquemines Parishes). The interviewers live in these parishes.
- The Data Entry person is trained to enter data collected both manually and electronically. The plan is to collect data manually as it is collected in November and December.
- Data will be entered electronically and submitted to the National Evaluation electronically by the December reporting date.

Information Technology

- In light of the interruption due to Hurricane Katrina, the most important task is to ensure the LA YES staff has adequate IT support, including availability of PCs, data, and Internet. Next, we have to assist the CMOs to re-establish their IT infrastructure.
- **Re-development of the ASO infrastructure is necessary to provide services in a systems of care-acceptable fashion. SAMHSA's input is necessary to the implementation of this process.**

Goal 5. Generalize EBPs to the target area/population

- Evidence-based practices were being developed prior to Katrina as reported in the bi-annual report. They are pharmacotherapies, mentoring, therapeutic foster care, Cognitive Behavioral Therapy (CBT), and Multi Systemic Therapy (MST).
- Both CMO's had extensive histories of providing therapeutic foster care. However, we can assume that those families are now displaced. The CMO's are locating and identifying existing and new families that provide the service.
- In-home cognitive-behavioral therapies will continue to be encouraged via the LA-Y.E.S. prior authorization process.
- MST providers are partners in the LA-Y.E.S. process. Prior to Hurricane Katrina, extensive talks with MST representatives and LA-Y.E.S. led to a training session that was to begin in early October with several community agencies. An analysis of the agencies registered for training will be conducted to consider if setting another date for training is plausible.
- Transitional and crisis respite services were being developed and the ASO is connecting with the agencies that provided the service prior to Katrina. However as stated above due to the loss of many homes and businesses, developing a LA-Y.E.S. crisis cottage may be delayed.
- Care management and wraparound are the essence of LA-Y.E.S. and system of care programs. Utilization Management technology and coaching/supervision will continue to be utilized to ensure fidelity to the Wraparound approach.
- Mentoring may have to be reestablished using natural supports rather than agency referrals (such as with relatives, teachers, clergy, or classmates). Agencies that provided the service have lost volunteers and employees due to evacuations.

- Assistance is needed to determine if the EBP's should be altered to reflect the clients we are now serving and their current experiences as it pertains to the hurricane, evacuation, and displacement.

Goal 6. Early Intervention

- Early Childhood Supports and Services (ECSS) Program as described in the semi-annual report has established a working relationship with LA-YES. Dr. Shana Bellow, the director of the Orleans ECSS program, and staff are prepared to provide consultation or a full evaluation and treatment program, depending on the client's needs and the ECSS program's ability to provide for the client's needs at the time of the referral.

Goal 7. Evaluation

National Evaluation

- All families and youth entering the system of care will be encouraged to participate in the National Evaluation.
- The Evaluation Team will work with the Clinical Team and the Administrative Team to challenge any barriers to full family participation in the National Evaluation. The Administrative Team and the Clinical Team have offered any support required for encouragement of full family participation in the National Evaluation. These teams are committed to working with the CMOs to foster full participation.
- The projected numbers of family participants will fall short of the 292 required for enrollment in the National Evaluation (plus an additional number to offset attrition rates) by the end of 2005/06 year three of the cooperative agreement. Some families enrolled may extend beyond the 6 year cooperative agreement in order to complete a 36 month follow up.
- The Federation of Families (V. Boyd) has planned ongoing family training opportunities for participation in the National Evaluation planning, implementation, and reporting of findings.

Local Evaluation

- Data on all families participating in the SoC is routinely collected for clinical purposes and is reported by the local evaluation. This data routinely collected is expected to include data from the CBCL, from the depression measures, and from the anxiety measures.

Staffing/Data Collection

- By January 2006, all staff are expected to be in place to conduct the National Evaluation, the Local Evaluation, and to do the Quality Assurance/Utilization Review:
 - Principal Evaluation Director (Consultant)
 - Evaluation Director
 - Quality Assurance/Utilization Review Director
 - Family Interviewer
 - Data Entry
 - Graduate Interns (5)
 - MIS Consultant (Fok)
 - Cultural Competence--Daruna
 - (OMH Consultants)
 - Butler—QA/UR
 - Spires and Ford—Workplace Diversity
- By December all data will be collected for the National Evaluation and the Local Evaluation.
- By February, it is anticipated that all data will be collected and entered electronically.
- Data Collection for the QA/UR reporting is collected in December and ongoing collection by the CMOs occurs. This data will be reported starting in January Monthly Data Reports by the Director of Evaluation.
- Data for the Quality Assurance/Utilization Review (Fidelity to SoC) will begin being collected in January and be implemented systematically by February. Data from the CMOs will be collected and entered on an ongoing basis beginning in December.

Quality Assurance/Utilization Review

- The QA/UR Director is anticipated to being in place through a subcontract by January 2, 2006.
- The QA/UR training and orientation will be provided in January by the Principal Evaluation Director (Mancoske), by DHH (OMH) QA/UR Consultant (Butler); by ASO—the Administrative and the Clinical Teams, by the MIS Consultant (Fok), by the Federation of Families (Boyd), and in collaboration with the CMOs.
- **The Administrative Team is requesting TA to work out a plan for a reasonable client entry number which would accommodate family enrollment in the national evaluation numbers and manageable case load sizes.**

- **ORCMacro (Stacy Willocks) provides ongoing technical assistance and plans to come to do a site visit for technical assistance and training for the new Evaluation Director (anticipated being hired by January 2, 2005). This TA support will review all aspects of participation in the National Evaluation.**
- **Technical Assistance from ORCMacro to help re-invigorate family participation in the National Evaluation is also being considered.**

Goal 8. Broad Array of Services

- Evidence-based treatments discussed in Goal 5: The evidence-based treatments discussed in Goal 5 are part of the broad array of services that LA-Y.E.S. plans to assess, redefine if necessary, and provide to its clients.
- Non-traditional Supports: The non-traditional supports programs that were contacted and contracted no longer exist. All of the programs were located on the eastbank of Orleans Parish. As we move into Jefferson and Plaquemines parishes, identifying potential agencies will involve assistance and diligence from the care managers as well as the ASO.
- Creative thinking must take place from the care managers to flesh out non-traditional and natural supports with the clients.

Goal 9. Increased Awareness

- Due to Hurricane Katrina, the social marketing push is to target existing clients who were enrolled previously in LA -Y.E.S. services as well as increasing awareness of mental health issues for new and potential clients. MHAL has created a brochure which will be distributed in schools located throughout the state of Louisiana for purposes of informing past clients that the program is up and running and requesting that they contact their care managers to resume services. Additionally, the piece explains, in everyday language, examples of behaviors that may cause concerns and lists contact information and services that can be provided to children and families who enroll in the program.
- **LA-Y.E.S. requests assistance with tailoring an awareness campaign that will reach past clients and will appeal to new ones.**

APPENDIX

Management Team Members	Role
Cheryll Bowers-Stephens, M.D., MBA <i>Office of Mental Health</i>	Principal Investigator
Thomas Washington, Ph.D <i>Office of Mental Health</i>	OMH Behavior Health Care Director
Richard Dalton, M.D. <i>Tulane University.</i>	Clinical Director/ Assistant Principal Investigator
Rhea Woods, J.D. <i>L.A. Y.E.S.</i>	Project Director/Family Coordinator
Kawana Ripoll, LCSW <i>L.A. Y.E.S.</i>	Associate Clinical Director
Terrie Guerin, B.S. <i>L.A. Y.E.S.</i>	Chief Operating Officer
Ronald Mancoske, Ph.D <i>Southern University at New Orleans</i>	Evaluation Consultant
Lillian Fok, Ph.D. <i>University of New Orleans</i>	Information Technology Consultant
Maru, Helmcke, M.D., MBA <i>Office of Mental Health</i>	Special Consultant
Karen Pellerin, Psy.D <i>Tulane University</i>	Director of Care Management
Barry Chauvin, M.S. <i>Options for Independence</i>	Fiscal Intermediary
Jorge Daruna, Ph.D <i>Tulane University</i>	Cultural Competence Consultant
Renea Thomas <i>L.A. Y.E.S.</i>	Administrative Assistant
Hue Nguyen <i>L.A. Y.E.S.</i>	Evaluation Assistant